

FILED# US Bankruptcy Court-UT
SEP 16 2022 PM 3:21

Fill in this information to identify the case:

Debtor 1 Marie Barbara Lujan
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Utah

Case number: Utah BK# 19-20986

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

\$ 4,507.61

Claimant's Name:

Josephine L. Blas

Claimant's Current Mailing Address, Telephone Number, and Email Address:

170 Veronica Way
TAMUNING, GU 96913
(671) 686-2527
jblas03@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☒ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 at attached a Certificate of Service to this application.

Office of the United States Attorney
for the District of Utah
111 South Main Street, Suite 1800
Salt Lake City, Utah 84111

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: August 26, 2022

Josephine L. Blas
Signature of Applicant

Josephine L. Blas
Printed Name of Applicant

Josephine L. Blas
Address:

170 Veronica Way
Tamuning, Guam 96913

Telephone: (671) 618-2527

Email: jlb14503@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated 08/26/22 was subscribed and sworn to before me this 26th day of August, 2022 by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

Shalane R.M.C. Santos

My commission expires: 11/04/25

SHALANE R.M.C. SANTOS
NOTARY PUBLIC

In and for the Territory of Guam, U.S.A.

My Commission Expires: NOV. 04, 2025

Shalane R.M.C. Santos

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

SHALANE R.M.C. SANTOS
NOTARY PUBLIC
in and for the Territory of Guam, U.S.A.
My Commission Expires: NOV. 04, 2025
111 Chalan Santos, P.O. Box 100000



Fill in this information to identify the			
Debtor 1	<u>Marie Barbara Lujan</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the District of Utah			
Case number:	<u>Utah Bk # 19-20986</u>		

NOTICE OF OBJECTION DEADLINE

PLEASE TAKE NOTICE that the attached Application to Pay Unclaimed Funds has been filed with the United States Bankruptcy Court for the District of Utah.

Right to Object. Any party in interest who objects to the Application for Payment of Unclaimed Funds being sought in this Application must, within twenty-one (21) days of the mailing of this Application, file an objection or other appropriate response to this Application with the:

United States Bankruptcy Court
District of Utah
Room 301
350 South Main Street
Salt Lake City, UT 84101

CERTIFICATE OF SERVICE BY MAIL OR OTHER MEANS

I hereby certify that on September 9, 2022 (date), I caused to be served a true and correct copy of the foregoing Application for Payment of Unclaimed Funds and all attachments as follows:

Office of the United States Attorney District of Utah 111 South Main Street, Suite 1800 Salt Lake City, UT 84111	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____
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Debtor Name: <u>Marie Barbara Lujan</u> Address: <u>1600 North 15th</u> <u>West Apt. F101</u> <u>Layton, ut. 84041</u>	<input checked="" type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____
Debtor's Attorney Name: <u>George B. Hoffman, Jr. IV</u> Address: <u>Cohn & Kinghorn, P.C.</u> <u>110 East Broadway</u> <u>11th Floor</u> <u>Salt Lake City, Utah 84111</u>	<input checked="" type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____
If Claimant is not the original creditor or payee, the Individual or Entity for whom the funds were deposited: Name: <u>Josephine L. Blas</u> Address: <u>170 Veronica Way</u> <u>Tamuning, Guam 96913</u> _____	<input checked="" type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): _____ _____ _____

Dated this 26th Day of August, 2022.

Josephine L. Blas
Signature

Josephine L. Blas
Printed Name

Privacy Policy

Applicant shall redact only the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number or a tax ID number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings, or similar account numbers; and (iv) all birth date information except the year.

The responsibility for redacting personal data identifiers rests solely with the filing party.